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that the only satisfactory way to treat structural lateral curvature is by the application of permanent jackets, in the way that has been described. Providing the shape of the bone can be changed, the result will probably be permanent if the treatment be extended over a sufficient period of time.

A HOSPITAL INCIDENT

By GRACE V. BRADLEY, R.N.

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THE patient in Room 50 was a little girl of five, ill with meningitis; she must die, the doctors said. She was very frail, very thin; the large sunken eyes surrounded by heavy dark lines, the little nose drawn and pinched. So sensitive to touch was she that the little braids of hair had been left untouched for several days. Her hands were thin and her whole arm shook when she attempted to lift it. At intervals a spasmodic cry of pain broke forth from the fever-dry lips and the little body would become rigid. Then during the next interval the child would lie still, more comfortable.

Her people had come from the Tennessee Mountains, just a month before, to try farming in Iowa. Little Lucy had been ailing for some weeks and the town physician thought that the only hope lay with the surgeons and the hospital. Perhaps an operation would restore her to her normal self. So the father and step-mother brought the child, her "pappy" carrying her from the train to the hospital. He did not like the street cars and could not afford a carriage. The nurses gently put the little patient to bed and tucked her in as comfortably as possible.

The surgeon examined her and shook his head; the skilful nerve specialist looked at her and shook his head; the nurses said among themselves: "The poor people."

The visiting hours, and others too, when special permission was granted, the parents spent with the child, the father, bending over her with, "Are you better, baby; do you know pappy?" At times her eyes would follow him, but there were more times when those open eyes saw nothing. Then the father would turn to the nurse with, "Do you think she is worse?" Or, trying to be hopeful, "She seems a little brighter; that other nurse thinks she's better."

The patient in Room 150 was a young man, college-bred, refined and cultured, an only son of a popular family. One morning there came to him three boxes of flowers; they were arranged for him by a pro-

bationer. Ringing for his own nurse, he said: "Those flowers are beautiful, but do you know I don't think it quite right for a fellow to monopolize them. Are there not some patients who have none?" "Indeed," she replied, "I can soon find some one to whom your thoughtfulness will bring a ray of sunshine." "Take that vase of red carnations and the yellow chrysanthemums from the table," he said. The chrysanthemums were placed in one of the wards, but straight to Lucy the carnations were taken. "See," said the nurse, "these are for you," and the trembling hand of the child reached for the flower which the nurse put in it. "The others we will put on a chair by your bed." That evening Lucy grew weaker and coma came on. Long the flower was clutched in her fingers, though she did not know. All night, the child lingered, and next morning when the day nurses came on duty again, the little heart ceased to beat, "pappy's baby" was asleep, but the little hand still held the red carnation, for no one had had the heart to take it away.

EYE EXAMINATION, TREATMENT AND OPERATION

By HENRY GLOVER LANGWORTHY, M.D.

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REMOVAL OF MISPLACED LASHES

As the nurse is occasionally requested to pull out ingrowing hairs, a word along this line will not be found amiss.

Inversion of the eye-lashes or trichiasis is a condition in which a number of the lashes turn in so that they rub against the cornea. The misdirected lashes cause mechanical annoyance and injury to the delicate outer epithelial layer of the cornea, with resulting irritation, sensitiveness to light, and eventually scarring. The lashes, particularly if few in number, may be pulled out as required and the process repeated when necessary. The technic of the procedure is as follows: The edges of the lids should be carefully inspected and the location of the larger, coarser ingrowing hairs noted first. One by one they are seized firmly with cilia forceps (tweezers), and the offending lash quickly removed. If the tweezers used be a good pair, the hair will be held securely and will not slip or break off. For removing finer, so-called white hairs, a magnifying glass may be necessary in order to detect and pull them out. Following this systematic removal of as many of the troublesome hairs as